I-77-501 Q ER Idaho Department of Labor R 10/07

EMPLOYER RESPONSE-QUIT:

NOTE: THIS INFORMATION WILL BE USED TO DETERMINE CLAIMANT'S ELIGIBILITY AND MAY ALSO AFFECT YOUR CHARGEABILITY RATE

Claimant Name:		SSN:	14112		
GRANGEVILLE LOCAL OFFICE		Employer Name, Address, Phone & Fax			
IDAHO DEPARTMENT OF LABOR		,			
PO BOX 550					
GRANGEVILLE ID 83530-0550					
208-983-0302 (FAX)					
Paid or to be paid:					
Gross earnings for the past 12 months \$		verance: \$		On (date):	
Vacation: \$		nus: \$		On (date):	
Date vacation payment will be received:		iday: \$		On (date):	
Supervisor's name:	Employer's pho		e#:		
Start date of employment: Last day work		ed: Date not		tice was given:	
Please provide any documentation to support your position (ie: letter of resignation)					
1. What reason (s) did the claimant give for quitting or giving notice to quit?					
2 If the claimant cited work-related reasons, describe the working conditions:					
3. What alternatives were available to the claimant? (Leave of absence, transfer, grievance, etc.)					
4. Describe any efforts the claimant made to resolve the problem and the outcome of those efforts:					
5. If you do not agree with the claimant's statements, please state why:					
6. Additional information:					
Employer/Employer's Representative Signature:					
Print Name: Title					
Phone Number: Date:					